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Commissioner

# Diabetes in New Jersey

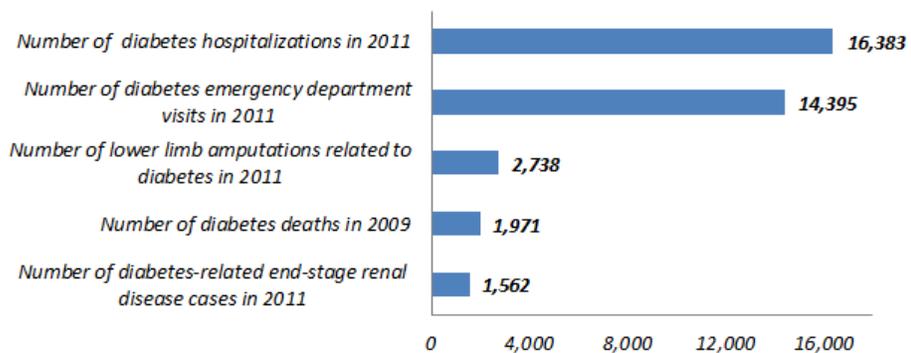
## Diabetes is an important public health concern

*Diabetes is the sixth leading cause of death in New Jersey<sup>2</sup>*

Diabetes is the national leading cause of:<sup>1</sup>

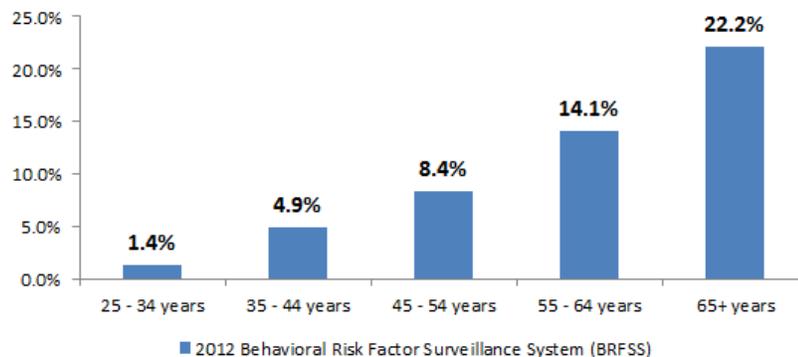
- Kidney failure
- Nontraumatic lower limb amputations
- New cases of blindness

**Diabetes Death & Complications in New Jersey<sup>3</sup>**



## Diabetes is a common chronic disease

**Adult Diabetes Prevalence Estimates for New Jersey<sup>3</sup>**



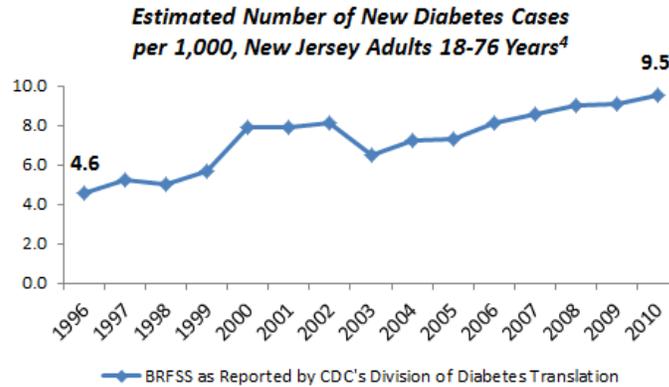
**Key Messages:**

- Diabetes is an important public health concern
- Diabetes is a common chronic disease
- Diabetes frequency is on the rise
- Diabetes places a higher burden on some residents
- Diabetes can be controlled
- In many cases, diabetes can be prevented

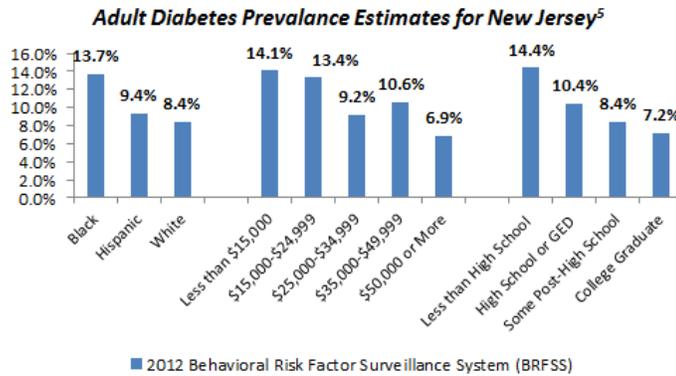
*About 22% of adults 65 years and older in New Jersey have diabetes*

## Diabetes frequency is on the rise

From 1996 to 2010, the estimated rate of new adult diabetes cases more than doubled in New Jersey



## Diabetes places a higher burden on some residents



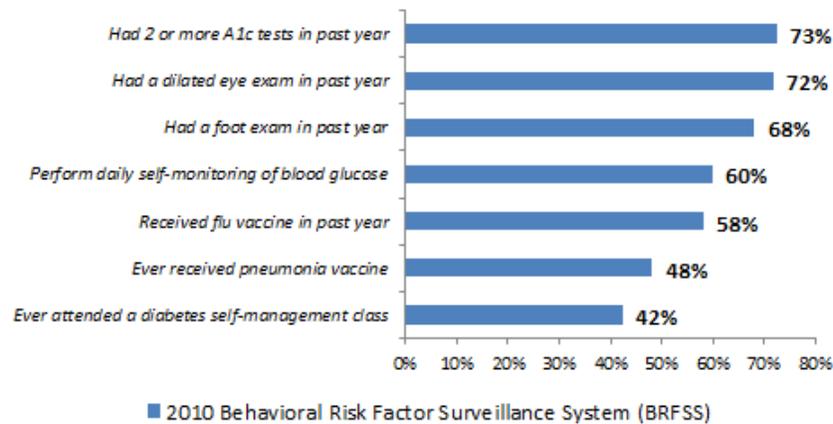
	2009 Age-Adjusted Diabetes Mortality Rate <sup>2</sup>	2010 Adult Diabetes Related End-Stage Renal Disease Incidence Rate <sup>6</sup>	2011 Age-Adjusted Diabetes Related Lower Extremity Amputation Incidence Rate <sup>7</sup>	2011 Age-Adjusted Diabetes Hospitalization Rate <sup>7</sup>
<b>Black, non-Hispanic</b>	40.6	51.2	71.3	439.6
<b>White, non-Hispanic</b>	17.5	17.7	25.5	128.9
<b>Hispanic</b>	22.9	16.2	29.0	193.0
<b>Asian, non-Hispanic</b>	13.7	14.1	7.3	44.7

In New Jersey, adult diabetes prevalence estimates are highest for black residents. Also, lower education and household income levels are associated with higher diabetes prevalence. Diabetes complications are much more common among black adults when compared to other racial/ethnic groups in New Jersey. This includes diabetes hospitalizations, diabetes related end-stage renal disease, diabetes related lower extremity amputations, and diabetes deaths.

## Diabetes can be controlled

*Self-management is a key step to preventing diabetes complications*

### **Preventive Care among New Jersey Adults with Diabetes<sup>8</sup>**



*In New Jersey, only about 42% of adults with diabetes have attended a diabetes self-management class*

## In many cases, diabetes can be prevented

- *Prediabetes means blood glucose or A1c levels are high, but not high enough for diabetes*
- *People with prediabetes have a higher risk of diabetes, heart disease, and stroke<sup>1</sup>*
- *Weight loss and increased physical activity can help prevent or delay the onset of diabetes*

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## References and Technical Notes

1. CDC. National diabetes fact sheet: national estimates and general information on diabetes and prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2011. Available at [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2011.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf).
2. Rates per 100,000 standard populations as reported by the New Jersey State Health Assessment Data (SHAD) system, Center for Health Statistics, New Jersey Department of Health. Available online <http://www4.state.nj.us/dhss-shad/home/Welcome.html>.
3. Data Sources for Diabetes Deaths & Complications in New Jersey:
  - Deaths- New Jersey State Health Assessment Data (SHAD), Center for Health Statistics, New Jersey Department of Health. Available at <http://www4.state.nj.us/dhss-shad/home/Welcome.html>.
  - End Stage Renal Disease- U.S. Renal Data System, USRDS 2013 Annual Data Report: Atlas of Chronic Kidney Disease and End-Stage Renal Disease in the United States (Table A8), National Institutes of Health, National Institute of Diabetes and Digestive and Kidney Diseases, Bethesda, MD, 2013. The data reported here have been supplied by the United States Renal Data System (USRDS). The interpretation and reporting of these data are the responsibility of the author(s) and in no way should be seen as an official policy or interpretation of the U.S. government. Available at <http://www.usrds.org/reference.aspx>.
  - Hospitalizations, Emergency Department Visits, Amputations –New Jersey Department of Health, 2011 Uniform Bill (UB) Patient Summaries maintained by the Office of Health Care Quality Assessment and analyzed by the Chronic Disease Prevention and Control Services unit.
4. CDC. National Diabetes Surveillance System. Available at <http://www.cdc.gov/diabetes/statistics>.
5. CDC. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2010.
6. Rates calculated per populations using the number of new End Stage Renal Disease cases among New Jersey adults with Diabetes as reported by Quality Insights Renal Network 3. Vintage 2012 postcensal bridged-race population estimates of the July 1, 2010 population were obtained from CDC WONDER On-line Database at <http://wonder.cdc.gov/bridged-race-v2012.html>.
7. Rates calculated per 100,000 standard populations using the New Jersey Department of Health 2011 Uniform Bill (UB) Patient Summaries maintained by the Office of Health Care Quality Assessment and analyzed by the Chronic Disease Prevention and Control Services unit. Vintage 2012 postcensal bridged-race population estimates of the July 1, 2011 population were obtained from CDC WONDER On-line Database at <http://wonder.cdc.gov/bridged-race-v2012.html>.
8. CDC. National Diabetes Surveillance System. Available online <http://www.cdc.gov/diabetes/statistics>.